| CHANGE OF<br>CORRESPONDENCE ADDRESS                           |  | Application Number     |                            |   | To be assigned                               |               |  |
|---|--|------------------------|----------------------------|---|--|---------------|--|
|   |  | Filing Date            |                            | Novem                                     | November 21, 2003                            |               |  |
| Applic  | First Named Inventor                                   |                        | Natalie                    | Natalie C. Twine et al.                   |  |               |  |
| Address to:<br>Commissioner for Patents                       |  | Art Unit               |                            | To be a                                   | To be assigned                               |               |  |
|   |  | Examiner Name          |                            | To be a                                   | To be assigned                               |               |  |
| P.O. Box 1450<br>Alexandria, Virginia 22313-                  | Attorney Docket N                                      | Attorney Docket Number |                            | 31896-012000                              |  |               |  |
| Please change the Corresponden                                |  |                        |                            |   | -  |               |  |
| to:  Customer Number 22204                                    |  |                        |                            | Place Customer Number Bar Code Label here |  |               |  |
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| Firm or Individual Name                                       |  |                        |                            | <del></del>                               |  |               |  |
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| Telephone   |  | Fa                     | x                          |   |  |               |  |
| I am the:  Applicant/Inver  Assignee of rec Certificate under | ord of the entire interest<br>or 37 CFF 3.73(b) is enc | t.<br>losed. (Form PT) | O/SB/96).<br>tal letter ii | n an applic                               |  |               |  |
| Type or<br>Printed Name Raymond Va                            | an Dyke (Reg. No. 34,74                                | 46)                    |                            |   |  |               |  |
| Signature Com Van all   |  |                        |                            |   |  |               |  |
| Date November 21  |  |                        |                            |   |  |               |  |
| NOTE: Signatures of all th                                    | e inventors or assignees                               | of record of the       | ntire inter                | rest or their                             | represen                                     | tative(s) are |  |
| equired. Submit mumple  | forms if more than one s                               | ignature is require    | ed, see be                 | low*.                                     |  |               |  |
| *Total of 1 forms are submitted.                              |  |                        |                            |   |  |               |  |